# Nurse Corps News

*Volume 14, Issue 4* *June/July 2020*

## Spotlight on Reserve Component



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***Use these icons on each page to find the NC milSuite site or email the NC News team!***

**Mary Riggs, RADM, NC**

**Deputy Director**
**Reserve Component**

We have come a long way!

The Nurse Corps (NC) of United States Navy was established in 1908 with the "Sacred Twenty", the first nurses in the Navy. In April of 1947, with the passage of Public Law 36, the Navy Nurse Corps both Active and Reserve became a full Staff Corps in the Navy officer community. Previous to that there was a Naval Reserve Medical Officer Corps established in 1912, which converted to the National Naval Reserve in 1913 created by Congress. The NC was "female only" until 1965. The first male nurse in the Navy NC was Ensign George M. Silver in 1966, along with four other males that year. On March 18th of 1945, the first African American nurse Phyllis Mae Dailey was sworn into the NC.

Information specific to the Navy Reserve NC history is minimal at best, most information is from articles written in the 1940-1950 time period. According to Dorothy Jones in 1950, "The purpose of the U.S. Naval Reserve Nurse Corps was to supplement the nursing personnel required by the Medical Department of the United States Navy in case of war or when, in the opinion of the President, a national emergency existed."

Noting the year of establishment of the Reserve NC which was after World War II (WWII), and likely based on lessons learned, it made sense to have a pool of Reserve Nurses. During WWII, the American Red Cross was heavily involved in processing Nurses into the Army and Navy, due to the increased demand for the skillset in the military health systems. In December 1941 there were 824 nurses in the Navy NC, by December 7, 1943 the Corps had grown to over 7,000 (Jackson, 1944). All of the base requirements (except for age) of the Navy NC applied to Reserve nurses in 1947 and that was to be "physically qualified, between age 21 through 40, (active duty age 20-28), have no dependents under age 18, could be single or married, a graduate of an accredited nursing school, registered in one of fifty states, and had to submit credentials along with employment history to show satisfactory employment." This rings a bell today in some regards when we look at the current credentialing requirements. We have always had a standard.

The Reserve Nurse Corps in 1947 allowed for three separate programs. In the first option, nurses could apply to go on active duty for not less than one year, maintaining their rank from the IRR, and were stationed at naval hospitals. Second option, a nurse in the rank of LT or below could apply to return to active duty for one year to programs where naval air training was conducted. The third option allowed for a nurse to go on annual training for two weeks at a naval hospital within the naval district (Quinn, 1947). These programs sound like our current Active Duty for Special Work (ADSW) for the first category, a mobilization or specific mission requirement for the second option (barring the

*Continued page 2*

## Spotlight on Reserve Component (*cont'*)

rank) and last the standard Reserve annual training. In a sense not much has changed since that era. What has changed is the opportunity to perform clinical and leadership roles in unusual platforms such as R2LM and humanitarian missions. With that said, nurses have been working shipboard and at the front of operational platforms for far longer.
Navy Nurses have been mobilized to areas of need since World War I. One could say the first "Reserve Nurses" were actually called up for WWI, in April of 1917, when 231 women were secured and of that only three were disenrolled per the Annual Report of the Surgeon General (1917).

In 1917–18, the Navy deployed five base hospital units to operational areas in France, Scotland and Ireland, with the first base in place by late 1917. Nurse were serving overseas in Navy operating teams, to include nurses, near the combat frontlines. Additionally, during World War I, Navy nurses inadvertently ended up the people of our nation in a variety of unique settings, and provided innovative training and leadership at all levels. We are proud of our beginnings, humbled to care for our warriors and citizens, and hopeful for our future if our past is any indication of our worth!~

Sources:
"The Navy Nurse Corps." Annual Report of the Surgeon General, U.S. Navy to the Secretary of the Navy for the Fiscal Year 1917. Washington: Government Printing Office, 1917. p24

Jackson, Wilma L. " The Naval Reserve Nurse Corps". The American Journal of Nursing, (January 1944) VOL 44, No 1. P. 19

Jones, Dorothy E.. "The Nurse Corps of the U.S. Naval Reserve". The American Journal of Nursing, Vol.50, No 5. (May, 1950). pp .287-288.

Quinn, Nellie Mae. The Navy Nurse Corps Reserve Program. The American Journal of Nursing, (September, 1947), p.605.

## Message from Deputy Director

**Paul Loesche, CAPT, NC**

**Deputy Director,**
**Navy Nurse Corps**

Greetings Navy Nurses,

I pray this finds each of you healthy and happy, enjoying what you can during these trying times. I am humbled and honored to announce that our Director was promoted to Flag status - Rear Admiral (Lower Half), on July 31, 2020. **RDML Cynthia (Cindy) Kuehner** is currently transitioning to Naval Medical Forces Support Command, San Antonio, TX early August.

Amidst our many successes and challenges, Navy Medicine and the Nurse Corps continue to meet our operational mission and foster continued growth and development. RMDL Kuehner's philosophy on leadership provides rudder as we continue to combat multiple challenges around the world while fighting a global pandemic.

These leadership attributes support our own choices while providing a framework for mentorship of our Sailors and civilians. Please keep your focus on the patient first. Strive for personal resiliency to combat work fatigue and continue to look after those who have deployed stateside and abroad. I also ask that you engage with your staff to ensure early detection of those with potential post deployment depression/stress disorder and incorporate evidenced based practice and nursing research at every level. I am so grateful for what you do each and every day for our patients, our nation and each other. Thank you for taking care of yourself and each other. You make me so very proud!!~

# Director's Philosophy

## LEAD • LEARN • LOVE

### LEAD

• We lead *ourselves* in all things, every day. We live the Navy Core Values of Honor, Courage, and Commitment. We take pride in our service to our Navy and our Nation.

• We know that *readiness* is our daily mission focus. We prepare for the unexpected through contingency planning, core competencies, and deliberate training.

• We are accountable. We take full responsibility for our decisions and choices and our impact on others.

• We speak up, *especially* when it is hard, because that is when it is *mos*t necessary.

• We lead others. We look for every opportunity to advance the careers and capabilities of others.

• We are good teammates and followers. We honor our oaths.

• We demonstrate transformational leadership and shared governance to enable the success of our teams.

### LEARN

• Learning is a lifelong adventure, and we are fully invested.

• We commit to individual self-improvement, self-awareness, and self-study. We stay current in our professional roles, and we generously share information with others.

• We embrace constructive feedback new knowledge, and high-velocity adaptation.

• We value wisdom and experience, including from unexpected sources.

• We are curious. We ask questions. We understand *WHY* we do *WHAT* we do.

• We ask for help when we are unsure, even when it's something we feel we *should* know.

• We keep our minds and our tools sharp, ready to innovate, create, adapt, and succeed.

### LOVE

• We demonstrate our self–respect through physical readiness, mental toughness and personal resilience.

• Our conduct reflects our discipline and is impeccable while on and off duty.

• We embrace diversity, value each other, and treat *EVERY* human being with dignity and respect.

• We are ambassadors in our communities, proudly representing ourselves, our families, our Navy, and our Nation.

• We place the safety of our patients and our Shipmates as a top priority, never losing sight of our patient care mission.

• We trust others and prove ourselves trust*worthy*. We protect and safeguard privacy.

• We are loyal to our Navy and Marine Corps team, committed to delivering world class care, *whenever* and *wherever* we are called to serve our warfighters.

• We show compassion and humility. We recognize adversity and advocate for those who are suffering.

• We are committed to being good teammates, and we make every interaction count.

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# The Role of the Reserve Affairs Officer

**CAPT Karen Morgan, NC**

**Reserve Affairs Officer**
**Navy Nurse Corps (M00C3)**

The role of the Reserve Affairs Officer (RAO) is to serve as the conduit between the assigned Reserve Officer Community and the Office of the Corps Chiefs (M00C). The RAO executes under the direction of the Reserve Component (RC), Corps Flag Officer to ensure Reserve alignment and integration with the practices, policy and requirements of the community.

How does the RAO role impact the Reserve Nurse Corps (NC) officer? The RAO works in the Corps Chiefs office at BUMED. Within this office are the Active Component (AC) Nurse Corps counterparts to include Career Planning and Policy and Practice, as well as the Deputy Director of the Nurse Corps. All report directly to the Flag officers. The RAO together with the AC officers work to align the AC and RC in all we do as a Corps. Not all of the policies and procedures will align due to inherent differences mostly related to our positions as full time (AC) or part-time (RC) affiliates.

Outside of the Corps Chiefs office the RAO works with various sections at Commander Navy Reserve Forces Command (CNRFC) for multiple reasons related to pay, billets, policy, training to mention a few. A major role the RAO serves in, is to ensure officers are placed in proper Fit-to-Fill billets for their designated specialty through JO APPLY and APPLY. APPLY is an annual competitive board for senior officers to vie for both staff positions, and milestone leadership positions such as Senior Executives, Executive and Commanding Officer roles. Those not selected work with the RAO for Interim Fill Billets. JO APPLY is a quarterly program allowing junior officers to seek a billet in their specialty. The RAO has some input in recommendation for a billet based on credentialing status of the officer, but billet selection is driven by the rules of CNRFC. Ultimately, CNRFC has the final word on billet selections for JO APPLY. If there are billet issues, the RAO will advocate for all of the officers to ensure Fit-to-Fill and the ability to remain in a pay status.

Annual reviews of billet structure are completed as a joint effort with the Reserve Policy and Integration Code (M10) at BUMED, with approval of the Corps Flag and then submitted to CNRFC as recommendations. Generally these reviews allow for increased opportunity for officers to obtain a billet. The key is to have a Fit-to-Fill situation, this allows for the right person with correct skillset to be placed in the billet. Fit-to-Fill is very important when an officer is called for mobilization or Annual Training, as it decreases errors in having the wrong subspecialty for the need. The mobilization shop works with the RAO to ensure leadership billets are boarded and staff billets are filled with credentialed officers, once again Fit-to-Fill.

Bonus and Special pay issues are reviewed by the RAO, with the Officer Incentive office, and Community Manager from PERS annually. Input is given by the RAO, and the Corps flag for monetary incentives based on the manning of the Reserve NC. The RAO can assist with bonus pay issues if, after utilizing the normal procedure via the NOSC there is still no resolution.

Officer Development School is a priority for new officers and is tracked by CNRFC and copied to the RAOs. The RAO can assist in obtaining a class for the officer or to determine the path if there is noncompliance in attendance within the first year of service.

Credentialing of Nurse Corps officers is heavily tracked by the RAO working with the Centralized Credentialing and Privileging Directorate (CCPD). The RAO will assist with credentialing policy, the Nurse Executive Committee, and credentials reviews as needed, with follow-up for those members who are in a lapsed status or have re-designated to a new specialty.

The RAO works with Navy Recruit Command to give input on the annual quotas for specialties, and to ensure the applicants for the RC NC meet the standards during Peer Review Boards (PRB). The PRB is conducted with the AC for Direct Accessions and Career Transition Officers monthly to review candidates. Both RC and AC have reviewers and interviewers for these candidates. Last, the RAO gives input for Retention Boards for NC officers.

The Senior Nurse Executives (SNE) and the Specialty Leaders (SL) work


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## The Role of the Reserve Affairs Officer *(cont')*

cohesively with the RAO to communicate policy, procedure and key information to the frontlines of the Corps. Nurse Corps officers can also advise the SNE and SLs on issues that impact the Corps and need to be elevated to the RAO or Flag to be reviewed. The SNE and SL symposium is held annually and is an informative meeting for both AC and RC who then work together on the issues over the course of the year. This meeting informs both the RC and AC Flag officers about the state of the community, the challenges faced and what we have done well. The annual Strategic Goals meeting allows the AC and RC to work collaboratively to achieve key goals identified for the Nurse Corps in general. All NC officers are welcome to apply to assist in researching, developing ideas and leading on the teams.

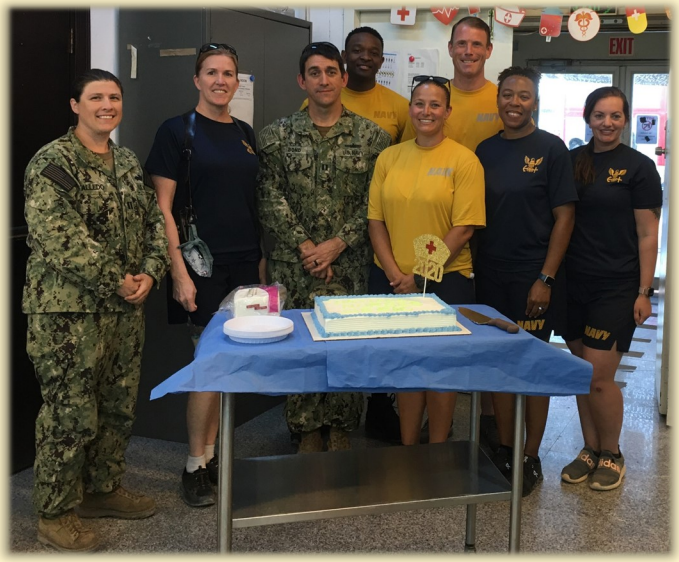
There are many other daily communications that occur as the RAO to assist fellow NC officers. This role is the most interesting and challenging position I have had the pleasure to be in. It is an honor to be an advocate for the RC Nurse Corps and to work with all of my colleagues.~

### Reserve Component (RC) Editors Join Our Newsletter Team!

A RC Editor and Assistant Editor had been selected to join the four AC (Active Component) members of our NC Newsletter team!

We welcome:

**LT Mary Sweeney from EMF Bethesda as RC Editor and LT Ronald Rollon from OHSU San Diego as Assistant Editor**



Celebrating the Navy Nurse Corps 112th birthday with a treasured ice cream cake in Erbil, Iraq as part of Expeditionary Medical Unit 10G, Role 2

Left to Right:
LT Lisa Talledo, CDR Terri Jenkins, LT Jeremiah Bond, LTJG Kamron Pratt, LCDR Katherine Kidde, LT Jorge Menninger, LCDR Claudia Battle, and LTJG Melissa Barrera

*Reserve Component: The Navy Nurse Corps milSuite site is meant for you, too! But did you know there's a milSuite page built with you in mind? Find information on Reserve-specific education opportunities and career management, and meet your Specialty Leaders.*

NAVAL RESERVE
STAY STRONG

# Reserve Specialty Leader: Nursing Research (1900) Highlights

**Judy Dye, CAPT, NC**

**Specialty Leader**
**Nursing Research**
**Reserve Component**

Greetings! The Navy Nurse Corps Research community continues to grow and contribute to Nursing Research and Evidenced Based Practice through our dedicated Reserve nurses who are geographically dispersed throughout the United States and beyond!

*Highlights from a few of our Nurse Scholars:*

**CDR Evie Bates:**

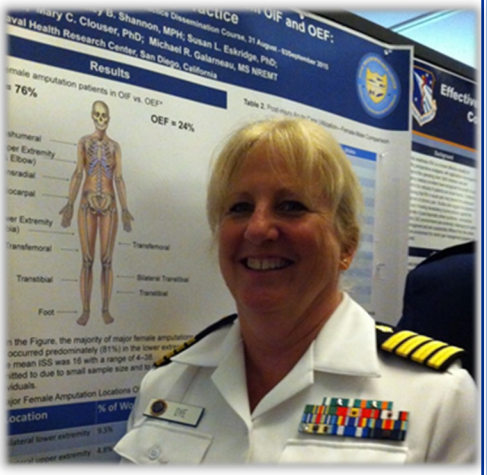
In order to fulfill requirements to graduate with her Doctorate in Nursing Practice (DNP) from Vanderbilt University, CDR Bates raised the question:
*How does the implementation of an evidence based critical care short-course education module for RNs in the ED affect their knowledge when caring for critically ill patients in the ED?*
The purpose of the project was to develop, implement, and evaluate three short-course evidence-based critical care educational modules designed to increase the knowledge of the RN in the ED when caring for critically ill patients. The findings of the project directly support the use of short-course critical care education as effective strategy to acquire knowledge in the ED.

**CDR Robin Herrmann:**
A student in the graduate school of the Texas Woman's University (Houston Campus) in the Doctor of Nursing Science program, CDR Hermann is investigating the following questions for an interpretive phenomenological study:
*1. What meaning does returning from caring for wounded warriors have for military Guard and Reservists who are healthcare providers?; (2) How has the deployment experiences of Guard and Reserve healthcare providers returning from caring for wounded warriors affected their reintegration?; (3) How has the support healthcare providers received post-deployment impacted the meaning reintegration has for the healthcare providers?*
CDR Hermann is also sponsored by the Yellow Ribbon Reintegration Program and received a grant from the TriService Nursing Research Program (TSNRP) to assist with her study.

**LCDR Jennifer Krogh:**

A DNP Candidate at the Yale University School of Nursing Program in Healthcare Leadership, Systems and Policy, LCDR Krogh is currently working on her doctoral project:
*Transformational Leadership Affecting Mobilization Readiness of Navy Nurse Corps*.
LCDR Krogh is also fortunate to have a PhD NC mentor for her project – **CAPT Deirdre Smith** – our former Reserve Specialty Leader for Research.

**On-going collaboration with our Active Duty nursing research colleagues:**
CAPT Dye continues as an Assistant Investigator at Naval Medical Center San Diego with Primary Investigator **CDR Jennifer**




CAPT Dye presenting a poster at the TriService Nursing Research Dissemination Course in San Antonio, TX. (Photo taken by CAPT Deirdre Smith/Courtesy of CAPT Dye).

**Buechel**: *"Combating Infertility during Military Service: A Grounded Theory Approach"*. This study is also funded through a TSNRP grant.~

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# Reserve Specialty Leader: Maternal Child Community (1981/1920/1964) Highlights

**Ann Mortara, CDR, NC**

**Maternal Infant & Neonatal Critical Care Nursing Specialty Leader Reserve Component**

Honor, Courage, and Commitment are the Navy Core Values, and are evident in the Maternal Child Community (1981, 1920 & 1964). These values build the foundation of trust and leadership upon which our strength is based, and victory is achieved. As officers, we are leaders who gain trust with our Corpsmen and patients, which generates healthy moms and babies, allowing us victory. This is our daily endeavor in the Navy, and in our civilian jobs. Over the past few months during the pandemic many maternal child nurses stepped up and cared for COVID patients. Although this was not their typical scope of practice, like us, they are all nurses first.

The Maternal Child Community in the Reserves is a small group; however, 33% of the Midwifes (1981), 6% of Neonatal Intensive Care (NICU) nurses (1964) and 13% of Labor and Delivery (L&D) nurses (1920) were deployed to serve in New York and Guam. Some had 24 hours to pack their sea bags and say goodbye to loved ones.

Photo from left to right include LCDR Loustau, LT Dobry, LCDR Bolton, LCDR Whetstone, and LCDR Warth.

Below are a few of their stories:

**LCDR Cunningham** (1920)- Deployed to Guam where she led a team of corpsman to test sailors in quarantine.

**LT Smalley** (1981)- Deployed to New York.

**LCDR Whetstone** (1964)- Deployed to New York at Bellevue Hospital. She worked primarily in the Emergency Department. *"It has been an honor to serve among such passionate leadership and SELRES alike and to witness the courage of rising above one's own abilities with unwavering commitment to humankind".*

**LT Martin** (1981)- Deployed to New York at the Javits Medical Center. She led the training for EPIC and worked sick call.

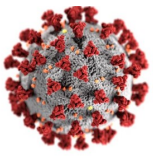
**LCDR Bolton** (1920)- Deployed to New York and worked in Harlem ED Trauma Bay.

**LT Dobry** (1920)- Deployed to Guam with EMF CP. A 150-bed hospital including a women's health clinic was constructed. *"It's been quite an educational experience and adventure!"*

**LCDR Loustau** (1920)- Deployed to New York where she worked in Brooklyn Hospital. *"Even L&D nurses flexed their skills to care for critically ill Medical ICU patients stricken with Covid-19 during New York's pandemic peak months".*

**LCDR Jones** (1920)- Deployed to GTMO. She left in October but due to the pandemic will be extended 1-2 months.

**LCDR Warth** (1920)- Deployed to New York's Bellevue Hospital. She was featured in an article in Defense Visual Information Distribution Service. She was assigned to the Med/Surg ward and *"realized that providing care is universal, regardless of who is requiring it."* ~



# Reserve Specialty Leader: Advanced Practice/Family Nurse Practitioner (1976)

**Andrew Craig, CDR, NC**

**Advanced Practice/Family Nurse Practitioner Specialty Leader Reserve Component**

Greetings, Fellow Navy Nurses!

My name is Commander Andrew (Andy) Craig, and I am the Reserve Component Specialty Leader for Advanced Practice/Family Nurse Practitioner. I serve our Reservist FNP community by serving as a resource person and providing mentoring. My other duties are: assisting with the review and approval process for Navy Reserve nurses wishing to re-designate to the FNP subspecialty; collaborating with CCPD on FNP credentialing matters; and assisting Navy Recruiting Command with review of applicant packages for civilians wishing to join the Navy Reserve as either FNPs or Nurse Midwives. I also interact and collaborate with my active duty counterpart FNP Specialty Leader.

We are presently nearly fully manned (98%). Currently we have 63 FNPs in the Reserve Component, and they function as Licensed Independent Practitioners (Providers). All are Master's prepared, and some hold a Doctor of Nursing Practice Degree. All are Board Certified as FNPs. Most of our Navy Reserve FNPs work in the civilian world in Primary Care Practices, Urgent Care Centers, and Emergency Rooms. A few of our FNPs work in specialty practice in the civilian world; they maintain clinical sustainment as general Primary Care providers via AT and ADT orders.

Recently, thirty-four of our members volunteered to go on active duty orders for several months in support of the Navy's response to COVID-19. Most deployed on 48 hours' notice. These providers served aboard the hospital ships USNS Mercy and Comfort; the JAVITS center in New York City; various local NYC hospitals; Great Lakes Naval Training Center; and Naval Hospital Guam. They served many hours in difficult conditions fighting an unseen enemy, providing care and comfort to large numbers of patients afflicted with COVID-19. Please join me in thanking them for their heroic and selfless service to our country during this global pandemic!

Currently, the RC FNP community is adjusting to an additional requirement recently added to the credentialing process. CCPD is now requiring that all providers submit case logs documenting recent, relevant clinical competency at the time they submit their applications for renewal. This is to ensure that our FNPs are ready to practice as generalists in the Navy, providing a broad range of primary care/family practice services to patients of all ages. I recommend that if you think you might have an issue with credentialing due to this requirement, to reach out to your Senior Nurse Executive and myself now so that arrangements can be made to insure you obtain adequate clinical sustainment hours for credentialing.

During the current pandemic, many Reserve Centers have been executing monthly drill weekends via telework. Our Reserve FNPs have been able to maintain readiness during this time by completing both GMT and Continuing Medical Education online, and also by performing E-PHAs on Navy Reservists via telephone/ telemedicine.

Lastly, work is underway to reconfigure unfilled Physician Assistant billets within 4th Medical Battalion to allow them to be filled by an FNP. This will increase the ability of our Reserve FNPs to fill, and serve, in more operational billets. Currently, this change appears to be welcomed by all; however, we are still awaiting approval by senior Marine Corps leadership to implement this change.

For more information, please check out the Navy FNP page on milSuite that we share with the active component.~

# Reserve Specialty Leader: Medical-Surgical (1910)

**Maria Noel, CDR, NC**

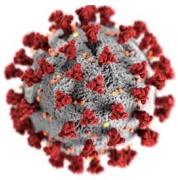
**Medical-Surgical Assistant Specialty Leader Reserve Component**

The new coronavirus sparked a global pandemic that threatened many lives. Because of the severity and widespread implications for the country, the U.S. Navy Reserves mobilized citizen-sailors in response to COVID-19 relief efforts. These citizen-sailors included medical professionals such as nurses, nurse practitioners, doctors, surgeons, physician assistants and respiratory therapists. Of the nursing subspecialties, the Medical Surgical (1910) subspecialty is the largest in numbers and is the most diverse. This diversity makes Med-Surg unique and strong, as shown by the nurses below.

**LCDR Stephanie Dailey**, a reservist from Operational Health Support Unit (OHSU) San Diego Detachment B, answered the call to help with COVID. She holds the 1910 SSC, but is a Family Nurse Practitioner in her civilian job. LCDR Dailey was assigned to Elmhurst Hospital in New York. She was assigned to the Intensive Care Unit (ICU) department and was always paired with an ICU Registered Nurse (RN). The ICU RN took care of the ventilator and other tasks within the ICU scope. LCDR Dailey performed other skills such as assessment, nasogastric tube placement and monitoring, blood sugar checks, suctioning, foley care, subcutaneous and intramuscular medications. This is where her Med-Surg clinical sustainment hours became crucial in her ability to work at the bedside. Because of the assistance of the Med-Surg RNs, the ICU RNs were able to focus on sicker patients. In addition to direct patient care, LCDR Dailey provided resource support to other Navy, Army, Air Force and agency nurses. Med Surg RNs, like LCDR Dailey, prove that teamwork and collaboration can succeed even in the face of adversity.

**LT Jiyeon Kim,** from EMF Camp Pendleton, is a travel nurse in her civilian position and she volunteered for COVID relief. LT Kim was Active Duty for four years and just recently joined the Reserves in September. Her Navy team is still currently deployed and is assigned to care for the Sailors aboard the USS Kidd who are infected with the virus. The infected sailors are quarantined in a local hotel, and this is where LT Kim and the Navy medical team serve for up to 12 hours a day. Their daily routine includes mustering at 0730 and rounding with HMs, FNP and MD. They check vital signs, prepare and administer medicines, obtain nasopharyngeal swabs and deliver them to the lab for testing. LT Kim provides education and emotional support, instilling hope and sense of purpose to young Sailors away from home. LT Kim is fortunate enough to commute from home as she is a local resident. Others in her group have to stay in the same hotel as their COVID positive patients or at other nearby hotels. The reservists all come from various walks of life and are seamlessly working together. The flexibility of Med-Surg nurses, like LT Kim, facilitates the completion of the Navy mission even in unfamiliar settings and locations.

The deployments of these two nurses depict various clinical backgrounds and work experience that a 1910 SSC can possess. This diversity and flexibility of Med-Surg nursing provides for the uniqueness and strength that this subspecialty offers. Med-Surg nurses made up a big part of the COVID-19 relief efforts, and their presence was made evident across the country, coast to coast.~



"I was deployed on the USNS Mercy for three weeks then transferred to the Comfort for one week. While on the comfort I worked in the ICU. There were several MEDSURG nurses assigned to the ICU and it was amazing how everyone remained flexible and worked wherever the need was. I was honored for the opportunity to work on the two hospital ships."

**-LT Sherese West**

# Reserve Specialty Leader: Critical Care (1960)

**Bambi PishDerr, CDR, NC**

**Critical Care Specialty Leader**

**Reserve Component**

**Harvey Ross, CDR, NC**

**Assistant Specialty Leader**

Greetings NC leadership and fellow nurses. It gives us great pleasure to share the adventures and accomplishments within the Reserve Critical Care community. Our community has grown exponentially over the past three years moving from 85% to 100% manned. Our reputation for excellence in caring for the critically ill and our compassionate drive to provide the best for both civilians and our war fighters remains unparalleled. The 1960 reserve team originates from various critical care environments. From hospitals to flight; from small facilities to the largest teaching universities, from trauma, surgical, medical and neurological units, from pediatric to adult, we do it all. The vast number of our nurses possess advanced degrees and/or are certified in their specialty. State side we serve in multiple areas, as staff members, in all levels of leadership and at BUMED in support of the Navy Mission of operational readiness.

At the height of the COVID-19 pandemic, the 1960 community answered the nation's call to serve. We supported CONUS and OCONUS facilities including our hospital ships the USNS Mercy and Comfort and we stood up an Expeditionary Medical Facility (EMF) in Guam, while continuing to support missions in Afghanistan, Iraq, Africa, and Guantanamo Bay. Nurses from Expeditionary Medical Facility (EMF) Bethesda mobilized to New York City (NYC) within 48 hours, in support of the Javits Center and multiple New York City trauma centers.

**LTJG Melissa Huggins** sums up her experience: *"When we arrived in NYC, it resembled a ghost town. There were barely any cars on the roads, stores were mostly closed, and the majority of people you crossed paths with were the homeless ... It wasn't until we got into the hospital and onto the units did we see just how bad COVID-19 had affected the city, ... Before we arrived, nurses had been taking up to 4 ICU patients at a time. To say it was hard would be an understatement. These patients were sick, sicker than sick, and the staff was running on fumes just trying to stay afloat. We saw countless intubations, codes, patients on CRRT (and even several on ECMO), lines and tubes and drips too many to count. Coming into the hospitals, I'd like to think we were their life jacket. We brought not only relief, but fresh faces, critical nursing skills, and most importantly compassion."*

On the West coast, Operational Health Support Unit (OHSU) San Diego supported the USNS Mercy and multiple long term care facilities in Orange County. EMF Camp Pendleton mobilized to care for the crew of the USS Theodore Roosevelt on Guam and the USS Kidd in San Diego. They provided care for Sailors and locals in a 250 bed EMF, and augmented the staff at U.S. Naval Hospital Guam. Our 1960 nurses from EMF Camp Pendleton worked stateside supporting Naval Medical Center San Diego, Naval Hospital Twentynine Palms and Naval Hospital Camp Pendleton.

**CDR Harvey Ross**, Assistant Specialty Leader, mobilized in this group. He shares this: *"We all pulled together to accomplish the mission, and returned home with a sense of fulfillment and pride."*

At any given time around the world, 1960s are embedded within Role II to IV assets on the land, air and at sea. As critical care nurses, we possess the skill sets that enable us to adapt with ease and work beyond our comfort zones in multiple environments. 1960s deploy as individual augmentee (IAs), with our units, and as members of joint teams. Whether supporting the CENTCOM, AFRICOM or other missions overseas or the local COVID-19 response, the 1960 reserve community brings unrivaled experience and quality of care to our patients. 1960 leads the way!!! Pride and Passion for Quality Care, is the motto of the critical care community!~

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# Navy Nurse Corps Reservists in Kandahar, Afghanistan

## Whiskey Rotation, Role III MMU, Kandahar, Afghanistan

Role III OR Nurses and Corpsman in front of the Whiskey Rotation T-Wall hit the ground running and are representing the Navy Nurse Corps with pride.

Back row left to right: LT Wilcox, LT Veatch, HM2 Drumheller, HM2 Martinez; Front row left to right: HM2 Nobrera, LT Wilson, HM2 Reid, LTJG Kidd


Since arrival, Role III ICU nurses have been hard at work with patient care and turnover in this unique and taxing environment. We have tackled the challenges of deploying during a global pandemic with enthusiasm and commitment to the mission.

KANDAHAR, Afghanistan Role III (May 2020):
Top Row (L-R): LT Greg Downey, LT Scott Byrd, LCDR Claudine Bansil, LT Ed Howell, LCDR Rachel Petrus
Bottom Row (L-R): LCDR Rene Reyes, LT Michele Taylor (Active Duty Nurse Corps), LCDR Valencia Weaver (DNS), LCDR Tiffany Edwards (Photo by LCDR Rene Reyes/Released)

## Reserve Specialty Leader: Mental Health (1930/1973)

**Gwendolyn McAlpine, CDR, NC**

**Mental Health Specialty Leader**
**Reserve Component**

The Year of the Nurse has highlighted the importance of Nurses in healthcare systems in health promotion, disease prevention and development of health literacy programs.

Our impact as Navy nurses has become more relevant and evident with pandemic's impact on physical health, mental well-being and personal hardships. Mental Health nurses and Nurse Practitioners play dynamic roles in caring for the psychiatric safety and resiliency of all.

With the overwhelming stress on civilian medical and mental health resources in New York, California, five Navy Mental Health professionals (1930/1973) assisted in medical support while providing crisis interventions. They shared information of mobile apps via smart phones and tablets that were used extensively in self-management of symptoms related to anxiety, depression and stress.

Their impact left an indelible impression of impact of early mental health interventions in catastrophic situations.~

Camp Pendleton, CA (18Jun20): CDR Shirlene Sulatan (Navy Reserve Mental Health Provider OHSU San Diego—kneeling bottom left) with healthcare workers at Camp Pendleton (kneeling right: HM3 Tenant—standing (left to right): HM2 Black, LCDR Holzhouzer, Ms. Garrett, Ms. Broadway and Ms. Dirks (Taken by HM2 Ramos, photo courtesy of CDR McAlpine)

## Reserve Specialty Leader: Pediatric Nursing (1922/1974)

**Myra Macoy Cleary, CDR, NC**

**Pediatric Specialty Leader**
**Reserve Component**

As part of the Navy Medicine Support Team (NMST), Operation Gotham 2020, Joint Task Force COVID-19 NYC, **CAPT Ingrid Cook**, NC, CPNP-PC, PMHS, PMHNP-BC was selected to serve as the Team Lead of the newly established North Central Bronx Hospital Palliative Care Team. As the Navy Team Lead, CAPT Cook provided supervision to five Navy providers. The Palliative Care Team included two other pediatric nurse practitioners, **LT Leslie Fuente**s, NC, CPNP-PC, **LCDR MaryBeth Kazee**, NC, CPNP-PC, a psychiatric mental health nurse practitioner, **CDR Cecilia Salazar**, NC, PMHNP-BC, and a psychiatrist, LCDR Steven Corvari, MC who embraced their new role outside of their usual scope of practice during the pandemic.

North Central Bronx Hospital, NY (April 2020):LCDR Leslie Fuentes, LCDR MaryBeth Kazee, & CAPT Ingrid Cook pose for photo at North Central Bronx Hospital in New York (photo courtesy of CAPT Ingrid Cook).

The Navy Palliative Care Team implemented family face-to-face video conferences via iPads as an essential means of communication between families and patients due to the COVID-19 pandemic family visitation restrictions. Prior to each video conference, the patient's medical record was reviewed including medical history and current condition to appropriately prepare the families for what they would see. The team offered emotional support as they provided a link to patients and their families during the face-to-face video conferences that allowed for more intimate encounters than simple phone calls, which reduced anxiety of both patients and families related to the inability to have direct interpersonal contact. The video conferences facilitated direct visualization of the patient to their families for reassurance of quality care resulting in increased patient and family satisfaction during the pandemic. The team also provided Spanish translation services between patients, their families and medical providers leading to decreased use of outside language interpretation services. These video conferences significantly improved the capacity of care teams to relay changes in health status and overall progress of critically ill family members. The team members were invaluable to ICU Providers as they assisted advanced discussions for the difficult decision to withdraw care. The Navy palliative care team at North Central Bronx Hospital completed a total of 210 video conferences and was the only Navy team providing these unique services during the COVID-19 mission in NYC. This was a very emotional assignment for the team members as they were there supporting some of the families during the video conferences when they were saying their last good-byes.

North Central Bronx Hospital, NY (April 2020): Wearing of full PPE has become common place with COVID-19 care (photo courtesy of CAPT Ingrid Cook).

Pediatric Nurses and Nurse Practitioners in the Reserves were called upon to provide essential COVID19 support. A special thank you to the following members who mobilized during this pandemic:

| | |
|---|---|
| LT Eastham | LT Fuentes |
| LT Gauthier | LT Lazo |
| LT Platt | LCDR Kazee |
| LCDR Johnson | LCDR Whetstone |
| CDR Hodgson | CAPT Cook~ |

## Reserve Specialty Leader: Emergency/Trauma (1945)

**Evangeleine Bates, CDR, NC**

**Emergency/Trauma Specialty Leader Reserve Component**

First and foremost, I want to take the opportunity to say "Thank you so very much" to all the Emergency/Trauma nurses in the reserve community. You are nothing short of stellar. The long list of accomplishments is amazing and makes us proud to be your Specialty Leaders.

To say Emergency/Trauma nurses rose to the occasion with this COVID-19 crisis is an understatement. We had 37 nurses deploy to multiple locations across New York and New Jersey, most on short-tasked orders to the "Ground Zero" of this global pandemic. The willingness of the 1945 community to volunteer and assist with this international crisis has made the Navy Nurse Corps Leadership beyond proud. Additionally, we have 1945 nurses stationed at Guantanamo Bay, Kandahar, USNS Comfort and USNS Mercy.

The 1945 Reserve Community is about 110 strong and is a highly educated specialty. Currently 50% of our community hold a Master's degree, with an additional 20% working towards a Master's. We have five nurses with a DNP/PhD with an additional six working toward a doctoral degree. Approximately 40% of our community hold the Certified Emergency Nurse (CEN) certification.

New York City (08Apr20): All Nurse Corps with SCOB 4th Medical Battalion—(pictured on right, front to back): LT Stacey Hydrick, LCDR Sandra Wright, LCDR Jody McIntosh. (On the left); LT Jeannine Tripp with LCDR KimberLee Tyner behind her (photo courtesy of LT Hydrick).

**Communication:**

As always, communication is an issue and we are working to improve communication with our community. Our milSuite page, in conjunction with the Active Duty component, has had a few upgrades to promote knowledge sharing. As always, the 1945 community leadership is standing-by to provide input, guidance and mentorship.

**Bravo Zulu!!**

**LCDR James Bruhn** submitted an abstract to the ENA for this year's virtual conference. It was accepted and he will be presenting an e-poster. The poster presentation is titled *"Safe, Competent Administration of Methotrexate by Emergency Nurses."* He discussed how to leverage an interdisciplinary, collaborative approach with Obstetrics, Oncology, Pharmacy, Emergency Medicine, and Environmental Services to develop training, education, order sets, policies and protocols to safely handle, administer and dispose of this cytotoxic agent for the non-surgical treatment of ectopic pregnancy in the Emergency Department.

Additionally, **CAPT Lori Karnes** has developed an upcoming virtual TNCC class.~

## Reserve Specialty Leader: Certified Registered Nurse Anesthetist (1972)

**Pamela Kilmartin, CAPT, NC**

**Certified Registered Nurse Anesthetist Specialty Leader Reserve Component**

The 1972, Certified Registered Nurse Anesthetist (CRNA) Community provided a variety of support for the COVID-19 mission. With 31 CRNA members mobilized, some with less than 48 hours to report the advanced practice nurses assumed roles in various locations. CRNAs staffed the following locations USNS Mercy and USNS Comfort, NYC local hospitals, EMF Bethesda with support to Javits Center and EMF Camp Pendleton supporting Camp Pendleton, Guam and 29 Palms.

**Captain Pamela Kilmartin** the 1972 BUMED Specialty Leader served as a Certified Registered Nurse Anesthetist (CRNA) who led a Care Team as a Non-Physician Provider, responsible for the care of more than 150 Covid-19 Intensive Care Unit (ICU) and 14 Intermediate Care Ward (ICW) patients, in the 1000 bed Javits New York Medical Station (JNYMS), the Alternate Care Facility for COVID-19 Convalescent patients at ground zero in New York City. JNYMS facility has cared for over 1000 patients, since 31 March 2020.

ICU provider duties included, high

*continued page 14*

## Reserve Specialty Leader: Certified Registered Nurse Anesthetist (1972) (*cont'*)

risk COVID-19 transmission procedures, such as placement of invasive intravenous and arterial lines, intubations, along with ventilation and vasoactive medication management in the ICU. The Hospital ships USNS Comfort and Mercy both provided surgical services, ICU and convalescent care of COVID patients. Individual CRNAs provided COVID airway management teams to local NYC hospitals. NYC hospitals were staffed with CRNAs on various COVID intubation teams. One CRNA, **CDR Brenda Rarick** had the role of critical care educator teaching over 450 Navy and Civilian Nurses the role of taking care of the COVID patient.

The 1972 community was centric to ensuring care was delivered in a manner that far exceeded the clinical quality indicators of COVID-19 Critical Care patients leading to the success of the health care mission at the JNYMS. In this exhausting 120 hour work weeks and chaotic COVID-19 care delivery environment. The CRNAs were a stabilizing force, focusing and leading their team through some of the most challenging and difficult weeks of clinical engagement I have experienced in my 23 year military career. From the first day this unit set foot on the floor of the JNYMS, this community was asked to create a "COVID-19 Care Hospital."

The CRNA community has absolutely demonstrated the ability to swiftly assess a situation, focus on the mission, facts, and issues in order to implement and execute strategies and plans never thought of or executed anywhere previously. Their ability to see through the fog of this war against the virus, build a team out of joint service AD and Reserve units, and provide the model of COVID-19 patient care has been nothing less than miraculous.

Additionally, CRNAs were members of the Rapid Response Team (RRT) and Code Blue Team, which was critical in the prevention of worsening decompensation of respiratory emergencies at the JNYMS. The rapid response team was responsible for 206 rapid response codes, 1 Code Blue and 44 ICU transfers, preventing life threatening patient decompensation due to the COVID-19 virus. The CRNAs were instrumental in transporting critically ill, ventilated patients with multiple vasopressor drips from the Javits center to and from NYC Hospitals and the USNS Comfort.~

## Reserve Specialty Leader: Perioperative (1950)

**Jamey R. Wilson, CDR, NC**

**Perioperative Specialty Leader**
**Reserve Component**

The Perioperative community has celebrated many successes over the last few months. We continue to be 100% manned and support global missions. We have adopted competencies to mirror our active duty counterparts and integrated them into our credentialing process. The COVID-19 pandemic has challenged our abilities, but we stepped up and contributed. Adaptability and patient advocacy are cornerstones of practice for Perioperative nurses. These attributes were on full display the last few months when over one quarter of all Reserve Perioperative Nurses found themselves on the front lines combating a pandemic. Practicing outside their primary specialty, they were tasked with working in areas such as Med/Surg, Critical Care, and Emergency Nursing. Fifty Perioperative nurses were activated to support missions with EMF Bethesda, EMF Camp Pendleton, Naval Medical Support Team (New York City Augment), USNS Comfort, and USNS Mercy, in many cases having less than 48 hours to prepare for mobilization. This is the story of one of many Perioperative Nurses who answered the call.

**Perioperative Nursing in the Critical Care Unit**
**Submitted by LT Ronald Rollon**

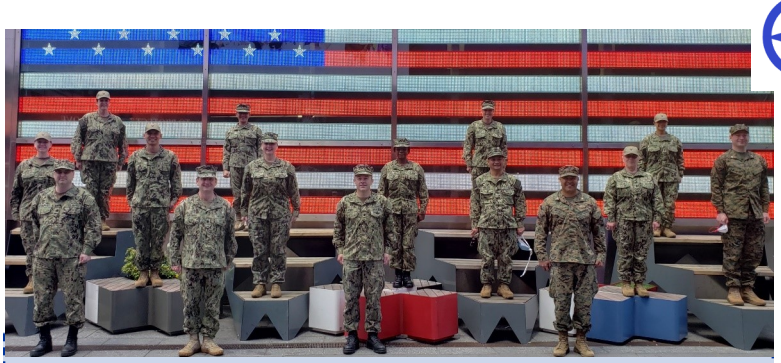
That initial feeling, as one sets foot into the historic walls of Bellevue Hospital, is that the critical care setting is not that unusual from that of an operating room theatre with the hailing of alarming vents and infusion units. However, a defining scenario of multiple patients within single occupancy negative pressure rooms, ventilated, sedated, and with many lifesaving drips and medications was a stark contrast to the Operating Room. Though I did not work in a Perioperative unit during the COVID-19 public health emergency in New York city, I fostered a protective clinical environment and safeguarded patient outcomes. Despite all the challenges, Navy and civilian nurses came together with physicians and other providers to treat patients.
Corrective treatments were provided based on the patient responses after a thorough team evaluation. In typical Navy fashion, we ran with what we had. Our team was building a ship as we sailed through the seas with a diverse team of professionals from multiple specialties. Surprisingly, the biggest challenge was not patient care itself but the emphasized role of being the patients' primary advocate for them and their loved ones. Due to stringent isolation precautions and visitor restrictions, families often turned towards nursing staff to relay their wishes for their loved ones as well as provide a voice for both clinicians and providers alike. Our deepest obligations were to maintain consistent patient and family connections through wavering and trying times. This deployment provided a very humbling experience to myself and others. My unwavering commitment to lifelong learning as well as excellence helped me adhere to the motto, *Always Ready.*~

Nurse Corps News

*Volume 14, Issue 4 ~ June/July 2020*

# 133 Reserve Nurse Members Combat COVID-19 in New York City Health and Hospitals

Submitted by: **CAPT (sel) Sue Passalacqua, NC, Senior Nurse Executive, OHSU San Diego**



New York Times Square—The Navy Harlem Team (16May20): (L to R) Back Row—LCDR Vicki Bolton, LT Maria Heath, ENS Jessica Carter, LTJG Regina Acevedo; Middle Row—LCDR Leah Jackson, LT Phil Elsas, LCDR Anna Jones, LCDR Gloria Williams, LT Any Nguyen, CDR Sue Passalacqua, CDR Chris Allison; Front Row—CDR Ian Valerio, CDR Rick Coffman, CDR Jack Hagan, CDR Luis Bautisa

**ON APRIL 5, 2020** Navy Medicine Support Team (NMST) embarked on a mission to embed teams of highly trained Navy medical providers and nurses into New York City (NYC) Hospitals. Dispersed throughout NYC, the teams worked in tandem with the NYC staff to serve the citizens of New York in response to the multi-agency public COVID-19 pandemic. Operation Gotham, New York City, NY from 05 April 2020 to 05 June 2020.

Manhattan, NY (13May20): NC Birthday Ceremony-NMST at Double Tree hotel. ENS Rhodes, ENS Carter, ENS Smitherman, ENS Huntley (Photo by POA PO Wilridge/Released)

**NAVY MEDICAL SUPPORT TEAM (NMST)**: 220 Individual Augmentee (IA) US Navy medical and nursing personnel dispersed across New York City Health and Hospitals (NYC H+H) System as part of joint service mission Operation Gotham to mitigate COVID-19 public health emergency. Team members executed orders in support of a coordinated mission co-directed by Federal Emergency Management Agency, Health and Human Services, Department of Defense, State and local Departments of Health, and New York City Health and Hospitals that resulted in a successful multi-agency public pandemic health response.

**GENERAL SITUATION**: A newly designed team for this Mission- Navy Medicine Support Team (NMST) consisted of 220 Navy Reserve Staff Corps Officers from the Medical Corps and Nurse Corps. Members were comprised of various nursing, advanced practice nursing, and physician medicine specialties. This 220 Individual Augmentee (IA) team are from 67 NOSCs across the United States and were mobilized with boots on the ground (BOG) in NYC within 24-48 hours of notification with a presence in seven NYC hospitals within 96 hours.

*Seven Reserve Component Hospital teams integrated into NYC H+H, public hospitals sites throughout NYC. All teams provided both provider (MD & APRN) and RN nursing care. In addition to patient care teams, the NMST team implemented an innovative Rapid Critical Care Response Training at the request of NYC H&H Chief Nursing Officers to quickly expand non-critical care nursing services to augment critical care.

**HOSPITALS SERVED:** NYC H+H, public hospitals: Bellevue,

- 133 Individual Augmentee (IA) Nurse Corps Reservist served on the team imbedded in 7 severely hit COVID NYC H+H, public hospitals
- 40,000 Hours Worked
- 8,780 Critical Care Hours
- 2,442 COVID Patients Cared For
- 1,357 Ventilator Days
- 354 Codes -Navy personnel responded to.
- 153 COVID Deaths Witnessed
- 849 Hours of Education Provided to NYC Hospital Staff Rapid Critical Care Training (RCCT) Team has trained over 400 civilian nurses on rapid critical care expansion
- 268 Hours provided family care meeting/ conferences for critically ill family members/patients isolated with restricted visitation due to COVID-19



*continued page 16*

# 133 Reserve Nurse Members Combat COVID-19 in New York City Health and Hospitals

Bellevue Hospital, NY (22Apr20): ICU managing multiple drips on COVID ICU patients. Photo by Melissa Huggins/Released.

Above: Bellevue Hospital, NY (25Apr20): Catholic Priest, Father Edward Gorman and CAPT James Cox performing the Anointing of the Sick Sacrament. Photo by Team Bellevue Member/Released
Below: Time Square, NY (6Apr20): Empty Times Square. Photo by LT Melissa Huggins/Released


**NMST 133 Nurse Corps Members:**

LTJG Regina Acevedo
LCDR Claudio Alvardo
LTJG Brook Barges
LT Anna Blais
LCDR Mark Brady
CAPT Angel Cardona
LCDR Sarah Cevallos
CDR Richard Coffman
LCDR Diana Corley
LT Laura Crisp
LT Sarah Dekay
CAPT Jerry Dotson
CAPT Catherine Durham
LT Christopher Foster
LT Khalifah Glover
LT Ladoria Green
CDR Jennifer Harris
LT Maria Heath
LT Elizabeth Hobbie
LTJG Melissa Huggins
LT Stacey Hydrick
LT Jacob Jellison
LT Young Joo
CDR Malinda Kendrick
LT Derek Lamb
LT Catherine Lee
LCDR Laurel Loustau
LT Tyler Marva
CDR Cecilia Mendoza
LCDR Elisa Morrison
LTJG Lachonda O'Neal
CDR Susan Passalacqua
LT Christopher Perkins
LT Jennifer Platt
ENS Lisa Rhodes
LTJG Kenneth Ross
CAPT Susan SaintOnge
LCDR Jacob Schmitt
LT Lysandra Serrano
CDR Lyndel Smith
LCDR Cecilia Snyder
LT Maria Spingos
LT Charlotte Swopes
LCDR Stephen Tarantino
LT Nguyen Tran
LT Nicole Tristan
LT Eric Tutu
LT Sarah Wagner
LCDR Megan Warth
CDR Jacob Wiemann
LT Lindsay Williams

LTJG Emily Adkinson
LT Marivic Ballar
CAPT Julie Barr
LTJG Stacey Blockberger
LCDR Hillary Brainard
ENS Jessica Carter
LT Sarah Christilaw
LCDR Cindy Cook
LT Ashley Cox
LT Jimmy Crosby
LCDR Loribel Deloria
LTJG Justin Dowd
ENS Justin Edgecombe
LT Leslie Fuentes
LT Emil Goduti
CDR Thomas Hamilton
LT Ella Hawk
LT Mylissa Hess
LCDR Nancy Holzhausen
ENS Megan Huntley
CDR Erwig Irigoyen
CAPT Monty Jennings
LCDR Marybeth Kazee
LT Michelle Lafleche
LT Michelle Lamontangne
LTJG Rutherford Lim
LCDR Ingrid Mahoney
LTJG Genienne Mcgrath
LT Antia Middleton
CAPT Rolf Muldbakken
LT Priscila Pagangates
LT Lisa Payne
LCDR Robin Petit
LCDR Kandy Powers
LTJG Daphne Rodriguez
LT Nakeha Russell
CDR Cecilia Salazar
CAPT Cynthia Schwartz
CDR Garry Shores
CDR Melissa Smith
LT Flor Solis
LCDR Bennie Sumner
CDR Robert Szewczyk
LT Ryan Thatcher
LT Jamie Trautman
LCDR Stephanie Tucker
LCDR KimberLee Tyner
LTJG Maurice Walker
LTJG Emily Weibel
LT Famata Williams
LCDR Sandra Wright

LCDR Akanu, Ikeakaghichi
LTJG Melissa Bandy
LT Anna Beaman
LCDR Vicki Bolton
LT Michael Bury
CDR Shawn Cassidy
LCDR Richard Clapp
CAPT Ingrid Cook
LCDR Dynel Cox
LCDR Stephanie Dailey
LT Lorna Divino
LT Jason Duprat
LT Philip Elsas
CDR Rebecca Geurts
LT Laura Gonzalez
LT Stephen Hanson
LT Rosemarie Haynes
LT Suzanne Hishmeh
LTJG Kimberly Howell
LT Dawn Huskey
LCDR Leah Jackson
LCDR Anna Jones
CDR Brenda Kenderdine
CDR Amy Lamancusa
LT Nicholas Lavoy
LT Brittney Lindberg
LTJG Irene Martin
LCDR Jody Mcintosh
LT Wendy Miller
LT Andy Nguyen
LT Michael Park
LCDR Christine Pekal
LT Barrett Phifer
CDR Brenda Rarick
LT Ronald Rollon
CAPT Paul Russo
LTJG Barbara Sanders
LTJG Jason Seiberlich
CDR Thomas Shu
ENS Jody Smitherman
LTJG Joshua Soto
LT Christopher Sumrall
CDR Nancy Tang
LT Denise Tonsberg
LT Jeanine Tripp
LT Christian Turner
ENS Leisa Vickers
LCDR Chadwick Walls
LT Anna Welch
LCDR Gloria Williams

Coney Island, Elmhurst, Harlem, King, North Bronx, and Woodhull.

**LEADERSHIP:** OIC-**CAPT Reineke**, AOIC **CAPT Gittleman**, SNE-**CAPT Durham**, ASNE-**CDR Passalacqua**, SME-**CAPT Kochan**, ASME-**CDR Valerio**.

**OVERVIEW: NAVY MEDICINE SUPPORT TEAM MISSION HIGHLIGHTS:** Here is an estimate of support recorded from our hospital teams: The dedicated Nurse Corps Officers and Medical Corps Officers assigned to Navy Medical Support Team, provided professionalism, knowledge, critical skills, and operated as high-performance teams delivering expert compassionate care of the myriad of COVID-19 patients.~

**Click on the links below to view videos of nursing experiences during COVID-19 response:**

Video one recorded by NC Officers CDR Mendoza and LTJG Acevedo

Video two recorded by PAO for Bellevue NMST Team (10Jun20)

## Navy Reserve Medicine, Recruit Training Command & Nurse Corps Medical Support

Submitted by:

**Maria Moreno-Chow, CAPT, NC**
**Rebecca Zornado, CAPT, NC**


Naval Station Great Lakes, IL (29Jun20): Recruit Training Command (RTC) Navy Reserve Medicine (NRM) Nurse Corps Officers (L to R) Front Row—LT Mary Welch, CAPT Rebecca Zornado, CAPT Maria Moreno-Chow, LT Ana Tomlinson; Back Row—CDR Shawna Miller LCDR William Shumaker, LTjg Sale Grentert (Photo taken by Ronald Chow, military dependent/Released)

On June 3, 2020, a select team of 81 Navy Reserve Medicine (NRM) Reservists mobilized to the Captain James A. Lovell Federal Health Care Center (FHCC), North Chicago, Ill. and Recruit Training Command (RTC), Great Lakes, as part of the Department of Defense's response to the COVID-19 crisis. The NRM team was led by NC Captain Rebecca Zornado and was responsible for augmenting active duty medical staff at both RTC and FHCC. Supportive staff teams consisted of Corpsmen (HMs), Medical Service Corps (MSC), Medical Corps (MC), Nurse Corps (NC) and other enlisted administrative support staff, including Personnel Support (PS) and Yeoman (YN). The NC team consist of five nurses and three non-physician providers working with recruits in various setting for medical screening and treatment of COVID-19 symptoms, as well as the Officer in Charge of the mission.

As part of a strategy to prevent the spread of COVID-19 throughout the RTC boot camp population, the Navy imposed a 14-day off-base restriction of movement (ROM) period for all Navy Recruits at nearby lodge and hotels, prior to their beginning boot camp. The "pre-recruits" were checked daily by the nursing staff for COVID-19 symptoms, where screening included evaluation for both typical and atypical symptoms. Typical COVID-19 symptoms include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, gastrointestinal distress, and recent loss of taste or smell. Atypical symptoms include, but are not limited to, sore throat, rhinorrhea (runny nose), nasal congestion, nausea, diarrhea, headache, increased confusion, dizziness, and general weakness.

The nurses assigned to the teams also augmented the fleet active component staff to provide medical support to recruits in training at boot camp in both a sick call and respiratory clinic setting. The nurses supervised the delivery of care and nasopharyngeal swabbing procedures to ensure optimal screening standards and appropriate use of personal protective equipment (PPE). The FNPs were responsible for screening, diagnosing, and treating recruits. Medical staff in direct contact with recruits utilized PPE. Each reserve team implemented standard operating procedures (SOP), incorporating stringent requirement for health protection in their work environment. NRM NC used innovation to educate their teams on a novel disease process in an unprecedented environment; these best practices will guarantee lasting benefits to successive medical events.~

Nurse Corps News
Volume 14, Issue 4 ~ June/July 2020

# Project Gotham: Navy Reserve Nurse Corps Javits New York Medical Station

Submitted by:
**Maria Moreno-Chow, CAPT, NC**
**Rebecca Zornado, CAPT, NC**

Navy Reserve (NR) Nurse Corps (NC) Officers delivered highly competent, safe, and compassionate care to 1095 COVID-19 positive patients in the Javits Center, New York City, during Operation Gotham 2020, resulting in 17,000 hours of patient care and 5201 patient days in the Intermediate Care Ward (ICW) and Intensive Care Unit (ICU). Their heroic actions saved lives, mitigated disasters, and enhanced the capacity of hospitals in New York City.


Javits New York City, NY (Apr20): LCDR Alexis Williams, Officer in Charge Behavioral Health and Wellness Resiliency Center (Navy Photo/Released)

Anticipating a tidal wave of COVID-19 patients flooding New York City Hospitals, Navy Reserve Medicine (NRM) teamed up with the other military branches, Federal Emergency Management Agency (FEMA) and dozens of other national, state and city agencies, and turned a convention center into an alternative treatment center. The expansive Jacob Javits Convention Center on the west side of Manhattan was converted to a 1,000-bed facility on March 27, 2020.

Navy Reserve Medicine members mobilized within 72 hours of notification to deploy with Expeditionary Medical Facility (EMF) Bethesda to the Javits New York Medical Station. The integration of 104 Navy NC Officers, including 14 Non-Physician Providers (7 Family Nurse Practitioners and 7 Certified Registered Nurse Anesthetists), worked seamlessly with the Army, United States Public Health Service, and the New York State Department of Health (NYSDOH).

Nurse Corps Officers provided clinical guidance for the management of COVID-19 patients to joint military and civilian nurses, corpsman, and medic teams, thus enhancing knowledge and force health protection. Navy nurses worked in conjunction with multidisciplinary team members from different military branches and civilian sectors in the care of COVID-19 patients of varying levels of illness and stages of recovery in both ICW and ICU. The bilingual NC staff put into practice their language skills to facilitate the patient experience and minimized barriers of communication. Additionally, nurses executed plans in daily operations to ensure patients received optimal quality and safe care with zero adverse outcomes or sentinel events. As a result of best practices, the Navy NC contributed to the implementation and executed strategies for utilization by New York State for future operations at the Javits Center.

Non-Physician Providers (Family Nurse Practitioners) worked in the Intermediate Care Ward (ICW) and independently managed the care of COVID-19 positive patients as multidisciplinary team members, contributing to 5000-man hours of safe quality care. These Nurse Practitioners supervised and mentored military and civilian nurses, medics, and hospital Corpsmen. CRNAs created a robust Rapid Response team (RRT) and assisted with the transfer of patients to ensure critical care support and safety of the acute care patient in ICU and ICW. CRNAs also responded to rapid responses, code blues, and ICU transfers, preventing life threatening patient decompensation due to the COVID-19 virus. They also safely managed critical care patient transports from civilian hospitals to the Javits Center and USNS Comfort hospital ship.

Nurse Corps Reservists were integral members of both the Joint Service Nursing Operations Committee and the Communications and Patient Experience Committee. Here Navy nurse leaders contributed to the Standard Operating Procedures for Continuous Pulse Oximetry, Standardized Charting, Medication Administration, and job descriptions for Registered Nurses, License Practical Nurses, Certified Nurse Assistants, and Runners. Their efforts contributed to the establishment of a highly reliable organization, ultimately increasing patient safety and resulting in early detection of changes in patient condition and positive outcomes.

The day to day operations began and ended with donning and doffing of personal protective equipment (PPE). Daily nursing operations consisted of managing workload, patient admissions, patient transfers, inter-agency coordination, scheduling, rapid response, critical care transports, and physician interactions, all in an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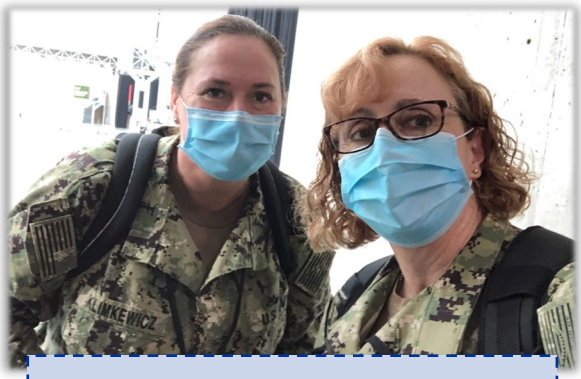
## Project Gotham: Navy Reserve Nurse Corps Javits New York Medical Station *(cont')*

incredibly difficult working environment in the constant presence of a deadly virus. Nurses served as Pod Team Leads, coordinating care and admissions with a team. Enhanced communication amongst teams was made possible by implementing



Javits New York City, NY (Apr20): CAPT Rebecca Zornado, SNE and CAPT Patricia Klimkewicz, ASNE (Navy Photo/Released)

TeamSTEPPS measures and improved procedures for admissions, discharges, and transfers of patients to higher levels of care during Operation Gotham.

Every NC officer ensured their teams delivered optimal care, promoting recovery through the various stages of their disease. Nurses were also charged with mentoring and educating team members on the management of COVID-19 and comorbidities associated with severe illness and mortality to increase knowledge in early identification of condition changes. Team nurses assisted with patient stabilization and transfers, preventing life threatening patient decompensation due to COVID-19. Furthermore, they trained tri-service and civilian nurses during turnover with procedures and procedures regarding patient care and documentation to ensure efficient and effective continuity of care.

For more JAVITS photos click here!

Upon arrival to the Javits Center, NRM NC took the lead and completed an educational needs assessment through in-person rounding with staff members, leadership, and a review of Patient Safety Reports to identify high priority educational needs. Nurses used innovation to educate joint nursing staff on a novel disease process in an unprecedented environment. One particular Navy educator provided high level educational resources, utilizing QR code technology and an online video editor to create medication safety videos that all Javits nursing staff could access anywhere, directly impacting quality of care. Her efforts also included crafting timely education for EMF nurses on topics including pronation therapy, COVID-19 progression, respiratory assessment, acute respiratory distress syndrome, pressure ulcer prevention, and proper body mechanics. As a result of the extensive educational endeavors, EMF nurses were able to flex outside their subspecialties, resulting in maximized nursing resources and increased skill sets. This educator additionally implemented an interactive online newsletter platform to share education with EMF nurses, keeping staff engaged and current on best practices and the frequently changing environment. Through this platform, "just in time" training was delivered, related to IV therapy, phlebotomy, and medication administration.

As an effort to improve communication between clinical staff, a team leader and nursing supervisor meeting was implemented during the night shift to communicate critical information, allowing for timely decision-making and elevation of issues to the Tactical Operations Center (TOC). Information distributed at these critical meetings allowed team leaders to pass guidance and policy updates related to patient care and safety, chart documentation, patient flow in or out of Javits, housekeeping concerns, and shift schedules, to staff, ensuring safe delivery practices.


Javits New York City, NY (Apr20): CAPT Rebecca Zornado, SNE and CDR Cindy Dagsaan (Navy Photo/Released)

NRM NC officers implemented and executed strategies and plans unprecedented in medicine and nursing history. The outstanding contributions of Navy Nursing provided the model of COVID-19 patient care which contributed to the success of the Javits Center Operation Gotham 2020.~

## " The Jersey 7" Operation Gotham 2020 EMF Bethesda

Submitted by:

**Rebecca Zornado, CAPT, NC**

During EMF Bethesda's deployment to New York City, a request was put out by Army medicine to help support a civilian ICU at University Hospital in Newark, New Jersey. Seven Critical Care nurses were selected by EMF leadership to support and the team loosely became known as "The Jersey Seven." Once notified of the short-fused tasker all seven nurses quickly packed personal gear and were transported to Newark, New Jersey. Within 24 hours of receiving notification all nurses were sent to work at the Newark University Hospital where a very abbreviated 6-hour nursing orientation was provided. During this orientation, ID cards were created, scrubs were issued, PPE fit testing was conducted, and EPIC training, process familiarization, hospital tours and glucometer training was provided. All nurses were put on the schedule immediately with one shadow shift. Within the following two weeks all nurses worked 3 12-hour shifts per week as ICU float nurses, assisting with backfill of civilian staff.


Newark University Hospital , NY (27Apr20): (L to R): LT Danielle Hutson, ENS Cornelius VanWingerden, LT Joseph Rimkus, LT Alicia Vancoillie, LTJG Jeffrey Ewart, LTJG Christopher Wilson, LT Elicia Flores (Released)

This was truly a unique experience which illustrated how Navy Medicine can receive a mission, execute it within a civilian arena and fall in as though they have been doing it every day. A total of over 400 man-hours of support was provided, while taking care of over 60 patients in the short 2-week mission. All of the civilian nurses and hospital management were happy our team was there and thankful for supporting them. The biggest challenge for the nurses was learning the processes, where everything was located and whom to call for what services. But the civilian staff treated us as full partners and made that obstacle less then challenging.

This opportunity for Navy medicine truly illustrated how we as military nurses can integrate with our civilian counterparts. This experience also proved that multi-force medicine can truly succeed when our country needs us.~

## EMF Bethesda Mobilization to JAVITS Medical Station

Submitted by:
**CAPT Patricia Klimkewicz**

Expeditionary Medical Facility Bethesda was deployed to the Javits New York Medical Station (JNYMS), Operation Gotham, integrating seamlessly with the Army DCCS, United States Public Health Service CNO, Northwell Health, and the New York State Department of Health (NYSDOH) providing patient care to COVID-19 positive patients. It was constructed in seven days by direction of New York State. It was opened to facilitate the volume of patients and relieve some burden from the local hospitals within the city and its Boroughs. The 104 Navy Nurse Corps Officers, Reserve Component, delivered 17,002 hours of patient care, which included assisting with caring for over 1905 patients for 5201 patient days, leading to the success of the health care mission.

The majority of patients required Medical Surgical Nursing care, Intermediate Care Ward-Tier 4. Along with deployed Medical Surgical Nurses (1910) there were Emergency Trauma (1945), Nurse Anesthetists (1972), Perioperative Nurses (1950), Nurse Practitioners (1976), Nurse Midwives (1981), and Psych (1930).

All Navy Nurses had a common goal of providing the best care possible for these patients. Nurse Anesthetists, Nurse Practitioners, Nurse Midwives became patient providers. Perioperative, Emergency Trauma, and Psych nurses provided direct patient care as Medical Surgical Nurses after only 2-3 shifts of training.

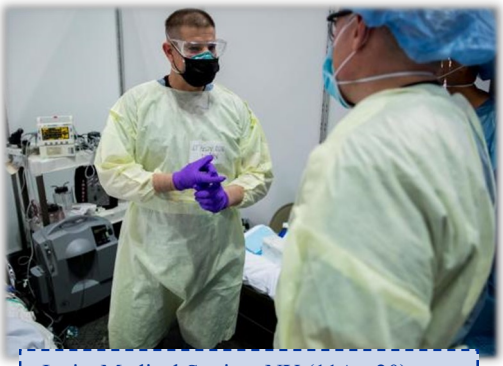
The Navy Nurse Corps Reserve Nurses combined their civilian and military experiences and adapted, trained, and provided high quality patient care to the patients of New York City. They where in the front lines and excelled in all expectations. As a New Yorker from Upstate New York, knowing how crucially our assistance was needed, I am proud and honored to have served with each and every one of these nurses.~

Nurse Corps News
Volume 14, Issue 4 ~ June/July 2020

# Javits New York Medical Center Reflections

Submitted by:
**James P. Kelty, LT, NC**

I had the privilege of mobilizing with EMF Bethesda to New York City, where I was assigned as a critical care nurse to assist with patient care at the Javits New York Medical Center (JNYMS) as part of Operation Gotham. As one of only a handful of USNR critical care nurses assigned to JNYMS, I was very quickly assimilated into the larger, joint response.



Javits Medical Station, NY (11Apr20): Medical care providers assigned to the Javits New York Medical Station discuss a critically-ill COVID-19 patient in the facility's intensive care unit (U.S. Navy photo by Chief Mass Communication Specialist Barry Riley)

The EMF was mobilized as an augmentation force to support the Army's 9th and 531st Field Hospital Brigades. Our role was to provide direct patient care to COVID-19 positive patients admitted to JNYMS in acute or critical extremis as part of the overall effort to relieve community hospitals overwhelmed by the virus. After only one day of area familiarization and orientation, our component was assigned shifts in our areas of specialization and the work began.

At the point of our arrival, the NYC health care system was fully engulfed by the pandemic. JNYMS, in its capacity as overflow support for local hospitals, was already being heavily utilized. Navy nurses and Corpsmen quickly stepped in to fill gaps in staffing, assumed responsibility for sectors of JNYMS that opened to increase response capacity, and managed assigned areas of responsibility in acute and critical care spaces alongside Army nurses and medics.

Full integration was realized in short order. On the ground, in the clinical units on the front line, Army and Navy OICs for the units coordinated shift changes, assignments, staff relief and support, managed supply and allocated staff and material resources according to need. Our respective service teams deployed specialties according to acuity and need, in the moment and in response to clinical requirements as they developed in order to assure the best possible delivery of patient care.

Our teams dealt with a range of patient care issues with efficiency and effectiveness and in coordination with the joint service and multi-agency resources available to us. We managed general medical and continuity-of-care issues, patient transfer and discharge placement issues, pharmacological access issues, psychological health management and placement issues, cultural sensitivity and patient language translation issues, patient family coordination, patient rehabilitation and end-of-life decision making. In the Intensive Care Unit, we managed everything from shortness of breath to full cardiac arrest, from oxygen support to rapid-sequence intubation and pronation, from antibiotics to front-line cardiac pharmacological support, pressure management, sedation and paralytic administration, from IV management to central line placement and hemodynamic monitoring.

Javits Medical Station, NY (24Apr20): Navy Lt. James Kelty, a critical care nurse deployed from the Expeditionary Medical Faculty Bethesda, Bethesda, Maryland, applies a sphygmomanometer to a read a patient's vital signs (U.S. Army photo by Pfc. Genesis Miranda)

I am a critical care nurse with over 10 years of experience in high-acuity settings in both direct patient care and management roles. I've worked in cardiac surgical critical care, transplant, ECMO, emergency, and surgical and burn trauma environments. The intensive care patients at JNYMS were among some of the most profoundly ill patients I've cared for. Our teams provided effective and life-saving care for these critically ill patients in austere, field-based conditions. The experience of US Navy Reserve medical forces at JNYMS demonstrates that USNR corpsmen, Nurse Corps and Medical Service personnel are always ready, even at a moment's notice, go into harm's way to provide world-class medical care in any condition under any circumstance. I am very proud of, and deeply grateful for, my colleagues in both the Army and Navy with whom I worked and for the experience of serving alongside them at the moment of our Nation's greatest medical need.~

# Case Management Supporting COVID-19

Submitted by:
**Rebecca Gominger, LTJG, NC**

While serving at the Javits Medical Center, I worked in the case management department. I acclimated as quickly as possible and did the best job I could considering that I am a psychiatric nurse for both the Navy and civilian employment and had experience with case management in the Commonwealth of Pennsylvania.

One evening, near the end of my shift, an RN came to me and stated that one of her patients was schizophrenic and wanted to leave against medical advice (AMA) and return to his group home. I called the group home and left a message. It was after hours so I was not surprised that no one answered. I took it upon myself to speak with the patient. The patient was frustrated with being at the Javits Center, explaining that the lights prevented him from sleeping. I took a few moments to listen to his story and it became obvious to me that he wanted nothing more but to go home to a familiar place and surround himself with familiar faces. After our discussion, he agreed to stay the night but expressed that he preferred to leave the next day.

When I came into the Javits Center the next day, the patient was at the PAD stating he was leaving. Staff was unable to reach the group home; he had no ride and we weren't even sure if they'd accept him back. The patient was angry and walking towards the door. There was a nurse attempting to talk to him with very little success. In my eyes, it was obvious that she had little experience with working with this patient population. The patient was clearly becoming more irritated and was starting to flail his arms. I couldn't help but to focus on the cane in his hand. All of my training led me to consider it as a "possible weapon." As the situation was escalating, my psych training kicked in. I stepped in and redirected him.

I spoke to him like an old friend, in a calm and reassuring voice "Hey, Sir, remember me? I spoke to you yesterday about leaving. We still haven't heard from your home to make sure you can go back." He turned to me and walked away from the door. With pleading eyes, he said, "I just want to go home. I don't want to be here anymore." I knew it wasn't because we didn't care. I knew it wasn't all because of the lights. It wasn't because he couldn't sleep. It was because he was out of his safe place.

As we continued to talk, he grew calmer. He recognized me and noticed I was giving him the respect of speaking to him like an adult. I reassured him that would contact his group home. "I will sit here and wait for you," he stated, planting his cane firmly on the ground. This was not appropriate and could even pose safety concerns since patients were entering and leaving through the PAD doors, so he would be violating HIPAA and could possibly slip out unknown. A runner walked by and told the patient he would return him to his room. The patient looked at me confused and a bit scared. I told him it was okay, if he returns with the runner, I can quickly call his group home and make sure he can return faster. The patient went with the runner willingly and I called the group home immediately. They still had his bed and wanted him to return, so transportation was scheduled and the patient was informed. He smiled a large smile when told he would return to his group home and there were no other issues with this patient.

Little did I know, there was a reason for me assisting case management at Javits; even if it was just to be there for that one schizophrenic patient. You see, like I've heard a thousand times "nurses ARE nurses" meaning nurses are trained to treat all patients with compassion and care in any capacity, but there's still something to be said about what the psych nurse brings to the table. Doesn't make it any better or worse, but it does make a difference when it comes to caring for patients with mental illness. I'm so honored to have had the chance to serve at the Javits and I will never forget the smile that I brought to this patient's face when I told him he would be discharged to his group home.~


New York, NY (01May20). LTJG Rebecca Gominger at the Javits Center providing COVID-19 support. (Photo courtesy of LTJG Gominger)

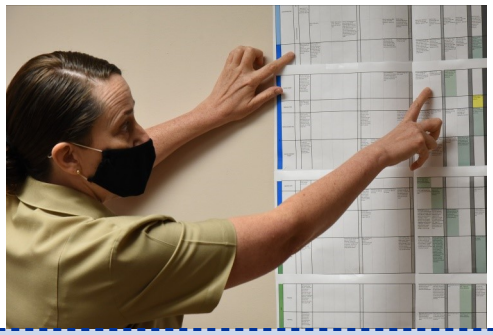
# NMRTC Cherry Point's Phased Re-Opening a Model for Success

Submitted by:
**NMRTC Cherry Point**
**Public Affairs Office**

In response to the developing COVID-19 pandemic, Navy Medical Readiness and Training Command (NMRTC) Cherry Point acted early and decisively by releasing many staff members on various types of leave, especially those who met the criteria for being at higher risk of severe disease or adverse outcomes.

Part of the command's response included triggering the Hospital Incident Command System (HICS). The HICS team was central to every decision made regarding the command's response to Coronavirus, including the daily briefings to the Command Team, monitoring of our screening stations and overseeing the care at our Acute Respiratory Clinic (ARC). Having a single point of contact for the response freed the Command Team and Board of Directors to continue the clinic's daily operations. The clinic's Chief Medical Officer, CDR Thad Klimpel, (MC), was selected as the Incident Commander (IC).

The indicators from overseas of limited hospital beds, morgue overflow, and complicated tracing activities indicated the need to develop a system of patient education, clinical monitoring, and regional civilian health system engagement. The clinic's Case Management Department, led by Registered Nurse **Ruth Urcinole** and **LT Adrienne Holloway**, NC was able to devise a strategy involving intense monitoring of laboratory testing sites, National Nurse Advise Line (NNAL) referrals, civilian hospital bed status, and beneficiary admissions tracing. Case managers were able to run point on medical management of tested patients through daily telephonic assessments and coordination of care with clinical pharmacist, the Respiratory Clinic, and installation environmental health officer. Daily reports were provided to the Command Public Health Environmental Officer and Marine Corps Installations-East.



CDR Tamara Corson, (NC), director of Health Care Business at Navy Medicine and Training Command Cherry Point, points out key milestones the clinic must meet in order to continue with its phased reopening during a recent Executive Steering Committee meeting at Cherry Point. (Photo approved for release. U.S. Navy Photo/Eric Sesit/Virin 260620-N-TK607-179)

Even as the facility drew down many services including elective surgeries, interventional dental, and routine health visits, clinic leadership asked the IC, to consider how the command would phase back to normal operations. The IC teamed up with **CDR Tamera Corson**, NC to develop a phasing plan that would serve as the command's blueprint for bringing clinic services back online. As the Clinic's Director for Healthcare Business, she was an ideal choice to co-lead this effort. Her team, with their strong clinical backgrounds and detailed knowledge of all clinic operations, consulted with providers, infection control, and public health officials to bring staff back to work.

A tri-phased approach with decisional tollgates was developed to align with the Presidential guidelines for *Opening up America*, Office of Personnel Management OMB M-20-23, Centers for Disease Control, and North Carolina Executive Orders 138-141, 137. Through close coordination with health and administrative support divisions, each phase followed sequential service relationships that allowed for bi-directional transitions as the pandemic conditions fluctuate. Various degrees of telework, telemedicine, in-face care were established for each section providing flexibilities while sustaining mission readiness and protecting our vulnerable populations. The plan, current phasing, and services status board were strategically communicated through multimedia platforms to our staff, beneficiaries, and regional commanders.

As many were closing up shop and going home to wait out the crisis, the NMRTC team demonstrated valor and resolve; finding new and innovative ways to continue to care for the warfighter, manage a pandemic, and bring our services back online to the "new normal." ~

# TriService Nursing Research Program: Opportunities for Professional Growth and Collaboration

**CAPT Heather King, NC**

**Executive Director**
**TriService Nursing Research Program**

*Fostering Excellence in Military Nursing*

Thirteen years ago I had the wonderful opportunity to attend my first TriService Nursing Research Program course offering - "TSNRP Grant Camp." The exceptional quality of the course instruction, taught by retired military nurses serving at academic universities across the country, caught me off-guard. The course was one of the most outstanding courses I have taken in the Navy. I learned how military nurses were identifying gaps in military nursing practice and then transforming them into grant applications. These grant applications were then reviewed by a scientific panel, programmatic panel, and the Corp Chiefs of the Army, Navy, and Air Force Nurse Corps. Approved grant applications then received funding to conduct research and evidence based practice projects! Honestly, prior to attending this course, I had never hear of TSNRP, and none of my fellow Navy Nurse Corps Officers had attended any TSNRP course offerings. However, after this first experience with TSNRP, I attended more TSNRP-sponsored courses and events. These events, and the professional collaborations with nurses from the Air Force, Army, and Navy that occurred as a result of TSNRP, changed the trajectory of my career. It made me acutely aware of how powerful TriService collaborations really are! Actually, over the last 28 years, TSNRP has funded almost 500 research and EBP projects, sponsored annual courses for 700 military nurses, and sponsored 5 journal supplements on military nursing topics. The most recent supplement - "Evidence Based Practice in Military Medicine" - is now online! You can read the entire supplement here.

TSNRP has also sponsored two editions of the Battlefield and Disaster Nursing Pocket Guide (1.2M downloads since inception), and formed 6 research interest groups to support and facilitate collaboration for military nurses with common interests, for nurses of all ranks, educational levels, and clinical specialties). The accomplishments of military nurses who have been able to answer important questions addressing the unique practice environment of military nurses through nursing science, clinical practice, policy, and professional development are impressive! One of the major lessons I have learned from working with the TSNRP community of military nurses is captured in this African Proverb - "*If you want to run fast-run alone. If you want to run far-run with a team.*" That is exactly what military nurses working with TSNRP do-seamlessly collaborate to advance military nursing practice through research and evidence based practice. For those not familiar with TSNRP, the mission and strategic goals are:

**Mission**: The mission of the TriService Nursing Research Program is to facilitate nursing research to optimize the health of military members and their beneficiaries.

**Strategic Goals:**

*Develop and strengthen the TriService community of nurse scholars to generate new knowledge in military nursing and translate it into practice.*

*Provide a TriService infrastructure to enhance military nursing research and advance evidence based practice.*

*Support research and evidence based practice projects on areas relevant to military readiness and military nursing practice.*

*Encourage TriService collaboration in nursing research and evidence based practice.*

I would encourage any Navy Nurse who is interested in research and EBP to take advantage of the opportunities TSNRP offers. Despite COVID-19 restrictions this year, TSNRP is in the process of converting our courses to virtual offerings. Some current and upcoming opportunities to get involved with TSNRP:

**TSNRP Virtual Course Offerings & Presentations:**

National Museum of Health and Medicine Science Café Featuring TSNRP Funded Investigator CDR Tony Torres presenting "A Preliminary Analysis of Trauma Knowledge, Skills, and Attitude at the Navy Trauma Training Center. Join this event on FaceBook Live: http://www.facebook.com/medicalmuseum on Aug. 25, 2020 1800 EST.

National Museum of Health and Medicine Science Café Featuring TSNRP Funded Investigator Col Candy Wilson presenting "Women in Combat." Join this event on FaceBook Live: http://www.facebook.com/medicalmuseum on September 22, 2020 1800 EST

Writing Workshop Series Presentations: Maj Angela Philips, NC, USAF (Nurse Scientist, Joint Base Andrews): Writing Style, Preparing the Final Draft and Submission on Sept 7, 2020 0900 EST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## TriService Nursing Research Program *(cont')*

Dr. Laura Talbot (Professor, University of Tennessee & Retired USAF Col and Editor of Military Medicine): Editorial Perspective, Responding to Revisions on Oct 5, 2020 0900 EST

Nursing Week Presentations: The Health & Performance of Women. *Still Available* Online for 1 Contact Hour. View this presentation on the TSNRP FaceBook Page and complete the registration and contact hours evaluation: https://cvent.me/5Vk8yK

Defense Health Agency Nursing Week Presentations featuring Military Nurses: https://www.dhaj7-cepo.com/. *Still Available* Online for 1 Contact Hour through DHA Educational Offering

Upcoming FY21 opportunities: TSNRP Nursing Grand Rounds start November 2021! Each monthly presentation will provide a one-hour topic related to military nursing practice: Evidence-based practice COVID-19 projects, how to create and sustain a high performing evidence-based practice council, and military nursing research projects. Stay tuned for more information on this event featuring the great work of military nurses!

**CALL FOR FY 21 Mini Evidence Based Practice Projects open until October 1, 2020, 1700 EST**
Up to $10,000 in funding is available for equipment and project related supplies issued by TSNRP. Project's must relate to one of TSNRP priority areas. Application submission information is available here. Mini-EBP awards are selected based on scientific review. If this is your first time applying reach out to your military nurse scientists for mentorship to apply for these awards.

**CALL FOR FY 21 Graduate Awards open until October 1, 2020, 1700 EST**
Up to $20,000 in funding is available to support military nurses enrolled in graduate programs PhD, DNP, MS. Project's must relate to one of TSNRP priority areas. Application submission information is available at: https://www.usuhs.edu/tsnrp/call-for-proposals For questions on TSNRP graduate awards please contact Ms. Kesha Chandler.

**Become a TSNRP Research Interest Group Member**
TSNRP is proud to support military nurse-led research and evidence-based practice interest groups (RIGs) teams connecting multidisciplinary researchers with common interests for collaboration, mentoring, and education.

**Anesthesia:** The ARIG was established in 2014 and has a research and evidence-based practice agenda that aligns resources, supports rigorous scientific inquiry, and supports the advancement and translation of evidence into clinical practice to improve the readiness of our providers to perform in the operational setting and the quality of anesthetic and resuscitative care provided to wounded warriors and other Military Health System beneficiaries.

**Biobehavioral:** Biobehavioral Health Research Interest Group (BHRIG) was established in 2008. The BHRIG promotes and facilitates a forum for synergy and collaboration to address the military-unique needs of service members and beneficiaries By integrating multidisciplinary Biobehavioral perspectives and experts from academia, industry, and military health, we generate and translate new knowledge to the bedside and battlefield improving the health and readiness of warfighters and military beneficiaries.

**Expeditionary:** The Expeditionary Research Interest Group was established in 2010 and is chartered to collaboratively develop a research and evidence-based practice agenda that will align resources to influence Department of Defense policy and program development. The ExRIG will optimize patient care during expeditionary missions by supports rigorous scientific inquiry and facilitates the advancement and translation into clinical practice of knowledge to improve the readiness of our providers to perform in the operational setting.

**Family Interest Group:** Family Interest Group ("FIG") was established in 2016, and today is a collaborative Triservice community of diverse professionals with an interest in expanding the foundation of knowledge upon which the health care of the military family is based. The FIG has formed collaborations with various civilian partners (e.g., Johns Hopkins University, New York University, Blue Star Families), as well as various military organizations (e.g., Research Facilitation Laboratory, Millennium Family Cohort Study, Defense Health Board).

**Health Systems /Informatics RIG:** Health Systems/Informatics Research Interest Group (TSNRP-HSIRIG) was developed in 2016 to collaboratively develop a research and evidence-based practice agenda aligning resources, fostering rigorous scientific inquiry, and supporting the advancement and translation of knowledge to enhance MHS resource planning, particularly with respect to nursing care, in order to improve patient outcomes.

**Military Women's Health RIG:** Military Women's Health Research Interest Group (TSNRP-MWHRIG) connects multidisciplinary professionals interested in the health of women. Developed in 2008, the MWHRIG promotes an evidence-based practice agenda responsive to Defense Health Agency/Military Health System through scientific evidence, interagency collaborations, mentoring researchers, and advancing the translation of evidence into clinical practice. A Women's Health Issues journal supplement will be published Fall 2020, highlighting eight research topic needs. A second Women in Combat summit will be held on February 9 – 11, 2021, to revise our research agenda.

Join one of TSNRP Research Interest Groups: Contact Ms. Emily Bell: emily.bell@usuhs.edu.

Join our TSNRP mailing group: Contact Ms. Sharron Sarino: shannon.sarino.ctr@usuhs.edu

Join us on TSNRP FaceBook Page for Events & Military Nurse Highlights: www.facebook.com/triservicenursingresearchprogram

Visit one of our Research Interest Group Webpages: http://triservicenursing.org/

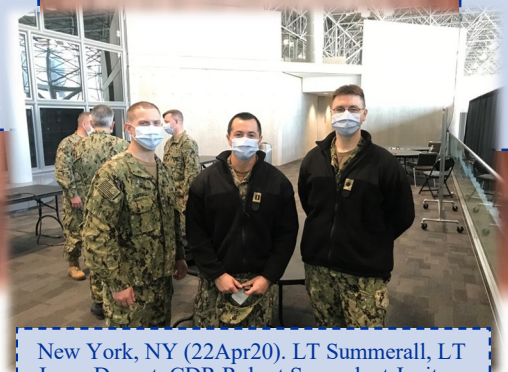
# Nurse Corps Reserves in Action!

Los Angeles, CA (13Apr20) CRNA's LCDR Tre Baker, LCDR Peter Losi, LCDR Charlotte Symonds, AD Chief CRNA CAPT Lana Clouser on board the USNS Mercy ISO COVID-19 mission. Photo Taken by Navy PAO PO3 L. Greenberg, US Navy/ Released



New York, NY (30Apr20). Javits Center CAPT Tamberlyn Baker, CAPT Pamela Kilmartin, CAPT Maria MorenoChow at Javits Center. Photo Taken by Army PAO Matthew Deckelman/ Chief Barry Riley PAO, US Army/ Released

New York, NY. (22Apr20). CAPT Pamela Kilmartin, CRNA on a patient transport from USNS Comfort to the Javits Center. Photo courtesy of CAPT Pamela Kilmartin



New York, NY (22Apr20). LT Summerall, LT Jason Duprat, CDR Robert Szeczyk at Javits Center for meeting of EMF Command Staff. Photo courtesy of CAPT Pamela Kilmartin

# Nurse Corps Reserves in Action!

EMF Bethesda Navy Nurse Corps delivered care to Covid-19 Intensive Care Unit (ICU) and Intermediate Care Ward (ICW) patients, in the 1000 bed Javits New York Medical Station (JNYMS), Alternate Care Facility for COVID-19 Convalescent patients at ground zero in New York City.

## EMF Bethesda Navy Nurse Corps

New York, NY (April 29, 2020): Family Nurse Practitioner team. Front (L to R): CDR Shawna Miller, CAPT Maria Moreno-Chow, LCDR Karen Johnson. Middle (L to R): LT Latrice Martin, CDR Freddie Thronson. Back (L to R): CAPT Tamberlynn Baker, LCDR Pamela Massey, CDR Noel Bondi (Photo Taken by LT Emily Strong, Public Affairs Officer, US Navy/ Released)

New York, NY (April 29, 2020): Certified Registered Nurse Anesthetist Team with the primary responsibility of managing ICU patients, Rapid Response Team, Critical Care transports of vented patients to USNS Comfort/ NYC Hospitals/ Javits Center. Front (L to R): CAPT Pamela Kilmartin, LCDR Darrel Freeman, CDR Ronaldo Memije. Back (L to R): CDR Robin Hermmann, LT Eric English, LT Daniel Hazelbaker (Photo Taken by LT Emily Strong, Public Affairs Officer, US Navy/ Released)

# Nurse Corps Reserves in Action!

New York, NY (April 29, 2020). CRNA's LT English, CDR Memije, CDR Herrmann, CDR Blair, CAPT Kilmartin, LCDR Freeman & LT Hazelbaker at Javits ICU. Photo taken by Chief Barry Riley PAO, US Army/ Released.

New York, NY (April 30, 2020) CDR Amy Lamancusa and CDR Brenda Rarick teaching at NYC Health & Hospitals/ Coney Island/Released.

New York, NY (April 29, 2020). CAPT Pamela Kilmartin receiving recognition for most patient transports from Javits,USNS Comfort and NYC Hospitals by COL Kimberly Aiello. Photo taken by Chief Barry Riley PAO, US Army/ Released.

Los Angeles, CA (April 3, 2020) LCDR Tre Baker and LCDR Ferguson both CRNAs on board the USNS Mercy in support of COVID-19. Photo submitted by members.

# **Nurse Corps Spotlight**

**LCDR Konstance C. Mackie** was recently interviewed by HMC Tristan A. McCauley, Navy Medical Officer Recruiter, on her experiences in the Navy Nurse Corps. She spoke about why she joined, her experience in DUINS and her future plans. She is currently pursuing a Doctorate of Nursing Practice for Pediatric Nurse Practitioner at the University of South Florida. The interview was conducted professionally and should make a great impact on bringing more nurses into the Navy.~

*To view the interview, click here. Enjoy!*

## Hero of Military Medicine Navy Award

PORTSMOUTH, Va. (May 11, 2020) – **LT Sharrod R. Greene**, Naval Medical Center Portsmouth's Anesthesia Department Division Officer, has been awarded the 2020 Henry M. Jackson Foundation (HJF) Hero of Military Medicine Navy Award. Since 2011, HJF for the Advancement of Military Medicine, Inc. has honored exceptional contributors to Military Medicine with the Heroes of Military Medicine Awards. This event recognizes individuals who have made outstanding contributions in advancing medicine for our nation's warfighters, veterans and civilians. The award is given by the HJF for an achievement or accomplishment in Military Medicine that exemplifies readiness and caring for those in harm's way. "The thought of being recognized/awarded for the work never came to mind," Greene said. "I was too enthralled by the fact that I had actually deployed and was doing what I was trained to do. I'm eternally grateful to those that trained me and to those that submitted my name and actions to the awarding entity. Ultimately, this award means that hard work and determination doesn't go unnoticed. If you work hard, live your life altruistically, your efforts and performance will almost always be recognized."~

(U.S. Navy photo provided by LT Sharrod R. Greene/Released by DVIDS)

# Bravo Zulu!

## Certifications

**LT Cheryl Buckley**, NMRTC Lemoore, earned her Pediatric Nursing Certification (CPN).

**LT Stephanie Cristobal**, NMRTC San Diego, earned her Certified Perioperative Nurse (CNOR).

**LTJG Sydney M. Escoe**, WRNMMC, earned her Critical Care Nursing certification (CCRN-Adult).

**LT Matt Kirchoff**, NMRTC San Diego, earned his Emergency Nursing certification (CEN).

**LT Jeffrey Smith,** NMRTC Pensacola, earned his Psychiatric Mental Health Nurse Practitioner (PMHNP) certification.

**LT Norving Gutierrez**, NMRTC Jacksonville, earned his CCRN-Adult.

**LTJG Peyton Roberts**, NMRTC Camp Pendleton, earned her CEN.

**LTJG Kelly Kuehner,** NMRTC Guam, earned her CEN.

**LT Cory Rogge,** NMRTC Camp Lejeune, earned his CEN.

**LTJG Justin Roelofs,** NMRTC San Diego, earned his Medical-Surgical Nursing certification (CMSRN).

**LTJG Peter Nguyen,** NMRTC Portsmouth, earned his CCRN-Adult.

**LTJG Margaret Anater,** NMRTC Portsmouth, earned her CMSRN.

**LT Micah Feigenbaum,** NMRTC San Diego, earned his CEN.

**LT Alexandra Benner,** NMRTC Camp Lejeune, earned her Registered Nurse, Certified in Inpatient Obstetrics (RNC-OB) certification.

**LTJG Micaela Cordova,** NMRTC Portsmouth, earned her RNC-OB.

**ENS Karl Fune,** NMRTC Portsmouth, earned his CMSRN.

**LTJG Sherie Bernados,** NMRTC Okinawa, earned her CCRN.

**LT Vanessa Bryant**, NMRTC Naples, earned her RNC-OB.

**LTJG Marla Millerchong,** NMRTC Rota, earned her CMSRN.

**ENS Joseph Roberto,** NMRTC Jacksonville, earned his CMSRN.

**LT Stephanie Stoler,** NMRTC Okinawa, earned her Certified Post Anesthesia Nurse (CPAN) certification.

**LT Kristi Ferchland,** NMRTC San Diego, recertified as a CPN.

**LCDR Amy Kramer ,** NMRTC Okinawa, earned her Adult Gerontology Clinical Nurse Specialist (AGCNS-BC) certification.

**LT Priscilla Boateng**, 3d Medical Battalion, earned her CCRN.

**LCDR Chantel Charis**, NMRTC Jacksonville, earned her Adult Gerontology Acute Care Nurse Practitioner certification (AGPCNP-BC).

**LTJG Peter Smith,** NMRTC Portsmouth, earned his CPAN.

**LTJG Amyra Ramos,** NMRTC San Diego, earned her CEN.

**LTJG Jaeda Ewings,** USNH Guam, earned her CMSRN.

**LT Pedro Davila Ortero,** NMRTC Portsmouth, earned his CCRN.

**LT Candace Cunningham,** NMRTC San Diego, earned her CMSRN.

**LTJG Rachel White,** NMRTC San Diego, earned her CCRN.

**CAPT Jenny Burkett,** NMRTC Okinawa, earned her Nurse Executive Advanced Certification (NEA-BC).

**LTJG Elizabeth C. Hart**, NMRTC Guam, earned her CEN.

**LT Bilma Diaz**, NAS Sigonella, Italy, earned Electronic Fetal Monitoring certification (C-EFM).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# Bravo Zulu! *(cont')*

## Certifications

**ENS Holly Kreczkowski**, NMRTC Jacksonville, earned her CEN.

**LTJG Maggie Berky**, NMRTC Portsmouth, earned her RNC-OB.

**LT Melissa Barry**, NMRTC Camp Lejeune, earned her Nurse Educator Certification (CNE).

**LT Tess Bandy**, NMRTC Camp Lejeune, earned her CMSRN.

**LT Estela Rojas**, NMRTC Okinawa earned her CCRN-Adult.

**LTJG Sherie Bernados**, NMRTC Okinawa earned her CCRN-Adult.

**LCDR Katherine Boeder**, NAVHOSP Beaufort, earned her Nursing Development Certification.

## Education

**LT Eugene E. Mamaril,** DNP, RN, CNOR, Fleet Surgical Team Nine, graduated with his Doctor of Nursing Practice (DNP) degree from Duke University, Durham, NC in May 2020. His DNP Project title was "Improving Surgical Team Communication and Perception of Safety Culture: Using Standardized Safe Surgery Checklists in a US Navy Fleet Surgical Perioperative Environment".

**LCDR Miranda Horne**, DNP, FNP-C earned her Doctor of Nursing Practice (DNP) degree from Uniformed Services University of the Health Sciences and her certification as a Family Nurse Practitioner (FNP-C). LCDR Horne will be heading to Naval Hospital Lemoore for her utilization tour.

**LCDR Sarah Hervey**, DNP, FNP-C, WHNP-BC earned her Doctor of Nursing Practice (DNP) degree from Uniformed Services University of the Health Sciences and her certification as a Family Nurse Practitioner (FNP-C) and Women's Health Nurse Practitioner (WHNP-BC). LCDR Hervey will be headed to Captain James A. Lovell Federal Health Care Center for her utilization tour.

**LCDR (sel) Billy Nguyen**, DNP, PMHNP-BC earned his Doctor of Nursing Practice (DNP) degree from Uniformed Services University of the Health Sciences and his certification as a Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC). LCDR (sel) Nguyen will be headed to 2nd Marine Division, Camp Lejeune for his utilization tour.

**LT Jamie Moore**, DNP, PMHNP earned his Doctor of Nursing Practice (DNP) degree from Uniformed Services University of the Health Sciences. LT Moore will remain at Naval Medical Center Portsmouth for his utilization tour.

**ENS Eurice D. Elefano**, NMC San Diego, earned her Master's in Healthcare Administration with a concentration in Human Resources from Trident University.

## Recognition

**LT Michael Hendricks**, Ship's Nurse, USS Carl Vinson (CVN 70), earned his Surface Warfare Medical Department Officer warfare designation.

**LT Jessica Oliver**, Ship's Nurse, USS Theodore Roosevelt (CVN 71) earned her Surface Warfare Medical Department Officer warfare designation while deployed underway.

**LT Heather Hernandez**, Ship's Nurse, USS Nimitz (CVN 68), earned her Surface Warfare Medical Department Officer warfare designation.

**LT Jessica Schmidt,** 3D Medical Battalion Camp Foster, Okinawa, earned her Fleet Marine Force Qualified Officer (FMFWO) pin.

**LCDR Marc Juarez**, Combat Logistics Battalion 6 (CLB-6), earned his FMFWO pin.

**LT Angela Amsden**, Combat Logistics Battalion 6 (CLB-6), earned her FMFWO pin.

**LTJG Megan Harrison**, Combat Logistics Battalion 6 (CLB-6), earned her FMFWO pin.

**ENS Marisa Norton**, Combat Logistics Battalion 6 (CLB-6), earned her FMFWO pin.

**LCDR Darcy Guerricagoitia**, 2d Med Bn, 2d MLG, Camp Lejeune, earned her FMFWO pin.

**LT Noelle Mitchell**, 2d Med Bn, 2d MLG, Camp Lejeune, earned her FMFWO pin.


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## Bravo Zulu! *(cont')*

**Congratulations to LT Caitlin Chun** who was selected as Executive Assistant to the Director, Navy Nurse Corps and Commander, Naval Medical Forces Support Command in July 2020. LT Chun is a native of Vietnam, who was raised on the island of Oahu by her loving adoptive parents. She started her military service as a Navy Nurse Corps Officer in May 2012.

LT Chun holds a Bachelor's of Science in Nursing from University of Hawaii. She holds the Medical-Surgical Nurse subspecialty. LT Chun's personal awards include the Navy and Marine Corps Commendation Medal, Navy and Marine Corps Achievement Medal (2) and Fleet Marine Force Warfare Officer Device.

### The Nurse Corps News Team wants to hear from YOU!

If you would like to highlight the amazing things you and your fellow nurses are doing, we want to read about it!

The following are article guidelines to follow:

1 page or less, 12-font, Times New Roman

***Please note: We cannot include personal email links as this is an OPSEC concern. We CAN, however, include links to milSuite sites. Additionally if you reference any publication or presentation, send a link with your submission and we would be happy to include that as well.

Photos are highly encouraged; any photo submitted will need to follow the PAO requirements.

### PAO Requirements:

- All photos need captions which include the subject in the photo
- When and where the photo was taken
- What the subject is doing in the photo
- Who took the photo
- Whether the photo is released for use. The release comes from the Command PAO.

***Photos that use badges (PII) will not be used.

Please send us a copy of your official photo as well so that we may publish it with your article. Your article will need to be submitted to the NC News email address group (usn.ncr.bumedfchva.list.nc-newsletter@mail.mil).

**Please make sure your article and pictures have been vetted and approved for release by your command PAO!**